



*Open Air Class, Sunshine Hills, Springfield Lake (Ohio) Sanatorium*

## What Is a Preventorium?

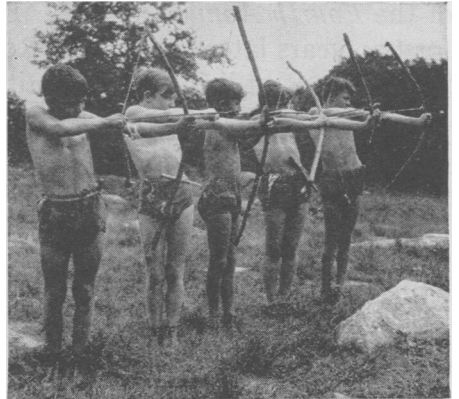
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IN 1906, there was established at Ste. Agathe des Monts in Canada a convalescent home known as "Brehmer's Rest," for adults who had suffered an acute and depleting illness. The idea back of it was that severe illness of any kind predisposes to tuberculosis and that, therefore, the convalescent should be surrounded with protective care until his full powers were regained. In 1907, S. Adolphus Knopf, M.D., while visiting Brehmer Rest, called attention to the fact that this was, in effect, a form of preventive care. He, therefore, suggested that the home be called a "preventorium." The following year, 1908, that designation appeared prominently on the cover page of the *Fourth Annual Report*. Evidently the term was cumbersome, for two years later the Annual Report of the institution bore the title, "Brehmer Rest," with the sub-title, "Preventorium."

In 1909, New York City, through the interest of Alfred Hess, M.D., established at Farmingdale, N. J., an institution to take care of pre-tuberculous children. It was called a preventorium. Unlike the Canadian institution, which was designed for adults recovering from a disease, it was exclusively for children presumably threatened with tuberculosis. Soon, other institutions of a similar character sprang up, though progress was intermittent, and practices and procedures were not uniform.

Ideas as to what the preventorium was supposed to be and do were by no means standardized. The bases of selecting children and the procedures of caring for them varied considerably as the views of



**Top—Prendergast Preventorium, Boston, Mass.**  
**Original building before additions were made**

**Middle and lower—Supervised play, of a kind which will not tempt the children to overtax their strength, is an essential element in preventorium treatment.**

those responsible differed. Moreover, exact knowledge of how tuberculosis affects children was very meager. However, the dominating purpose of all was to provide care for the sick child. The term, "pre-tuberculous," was applied rather loosely to the child with actual tuberculosis, the child of a tuberculous household, and the child below par in health, as expressed usually in malnutrition; but all were regarded as sick children. (More recently, we have learned to differentiate between mere infection, massive infection, and actual disease.)

Quite another development in these early days was the establishment of fresh air schools, open window rooms, day camps, and the like. Here the major purpose was not to care for sick children but to increase the resistance of certain selected persons, who for one reason or another were presumed to be potential victims of tuberculosis. The emphasis was on health building rather than on disease prevention. Meantime, fresh air, as such, had lost its fetish connotations, while gradually there came the recognition that the beneficial effects were to be derived chiefly from rest, a well regulated regimen, and good nutrition. Preventorium opinion also passed through the same kind of evolution, for which reason the two types of institution have tended to merge in their objectives and procedures. That is why it is impossible now to answer statistically how many "preventoriums" and "fresh air schools" there are in the United States. The names persist but they tell us little about the character of the particular institution's philosophy, mode of procedure, or equipment. Some, indeed, have degenerated into mere routinely operated asylums, having only a vague notion of what the real needs of the beneficiaries are and what they are actually trying to achieve.

Three years ago, the Committee on Preventoria of the National Tuberculosis Association formulated this definition:

A preventorium is a 24-hour institution for the care and observation of children substandard in health.

The general purpose of this institution was assumed to be giving preventive care to children threatened with tuberculosis, heart disease, or other potential disability. While the committee was unable to define exact standards of eligibility, it indicated broadly the groups from which selections for the preventorium might be made:

1. Children exposed to tuberculosis at home, or in whose immediate family there has been a recent death from tuberculosis.
2. Children who have had tuberculosis, whose lesions are not active, and who appear to be in need of further care and observation.
3. Children suffering from malnutrition.
4. Children who tire easily and who are unable to carry on their class work.

5. Children frequently absent because of colds, bronchitis, etc.
6. Children suffering from rheumatic heart disease (of certain classifications).

According to these somewhat rigid standards and definitions, there are perhaps no more than a score of preventoriums in the country. However, opinion has modified considerably during the three intervening years, and it is now recognized that many children who need protective care do not require the exacting régime furnished by a 24-hour, highly specialized preventorium. With no intent to sketch further the historical development of the preventorium, the following types of institutions are given as being more or less typical:

At the Springfield Lake Sanatorium at East Akron, O., there is a special group of buildings, mostly for children with tuberculosis of the childhood type. It is superintended by the medical director of the sanatorium. It keeps the children 24 hours of the day and operates the year round. The children are at all times under medical and nursing supervision and the school curriculum is reduced to a minimum. They stay on an average of a few months each and are then transferred to one of the city's open window schools. Apparently, the main purpose is to train the child in right habits of living, with the major emphasis on health conservation rather than on schooling.

In Lucas County, O., is a fresh air school which cares for children 24 hours a day but permits them to return to their homes over the Saturday and Sunday week-end. The school is a unit of the county tuberculosis hospital, while the teachers are provided by the Toledo Board of Education. (Toledo is in Lucas County.) The operation is about the same as that of the Springfield Lake Preventorium, with the important exception that children are permitted to remain at home two days of the week.

Lymanhurst, at Minneapolis, is essentially a day school. The children live at home, but the noonday meal and supplementary lunches are provided by the school staff. Cots for rest periods are also provided by the school, and the children are under special medical and nursing supervision. Meantime, conditions in the home are carefully scrutinized and supervised by a special public health nurse.

There are numerous fresh air schools, open window schools, and nutrition classes, most of which have developed beyond their original purposes. Some of the fresh air schools, it is true, are no more than the name implies, but others provide special supervisory care, extra meals, rest periods, and direction in play. While the procedure and equipment are not uniform, the main purpose of all of them seems to be to give handicapped children an extra lift in order to prevent the threatened disaster of pulmonary tuberculosis in later years.



*Top—Theodore Potter Fresh Air School, Indianapolis, Ind.  
Middle—Supervised Play  
Lower—Open Air School, Preventorium, Farmingdale, N. J.*

Health camps there are of all varieties. As a matter of fact, many of them are in reality recreation camps, which justify their existence only on the theory that a period of a few weeks of outdoor life makes for better health. In some instances, health camps serve to enlarge the vision of the people generally so that they are more readily persuaded to establish a year-round preventorium. In others, emphasis is placed on the opportunity which the camp affords for teaching children and their parents the principles of healthful living.

One clear conception seems to have been established—though not yet fully accepted—and that is that children with the adult type of pulmonary tuberculosis should be isolated in the children's division of the tuberculosis sanatorium, not only because they are definitely ill, but also because they are potential spreaders of the disease, having tubercle bacilli in the sputum. The manner in which preventoriums are operated is a tacit recognition of the belief that children with the childhood type of tuberculosis are not really ill, but rather threatened with illness; certainly, a sick child should not be in a preventorium, which is in fact a school.

Confusion arises from the fact that most of us think of the preventorium in terms of bricks and stones. We become so absorbed in the architectural requirements and the physical facilities that we lose sight of the therapeutic or prophylactic principles. There would be less confusion in our thinking, no doubt, were we to limit our discussions not to buildings and staffs of doctors, nurses and teachers, but rather to "protective care," with the understanding that such care is not necessarily dependent on a formal institution but may be carried out in various ways, even without removing the child from his home.

Speaking in terms of the clinician, the "indications for treatment" for a child with the childhood type of tuberculosis are:

1. Contact with the tuberculous adult, who presumably has infected the child, must be broken. This is done by removing the tuberculous adult to a sanatorium, or by taking the child out of the home. If both of these expedients are impractical, every member of the household must be taught the principles underlying the transmission of tuberculosis.

2. The child must be relieved of all possible strain, which means the avoidance of strenuous exercise and burdensome school work. Rest is the cornerstone on which preventorium care is based.

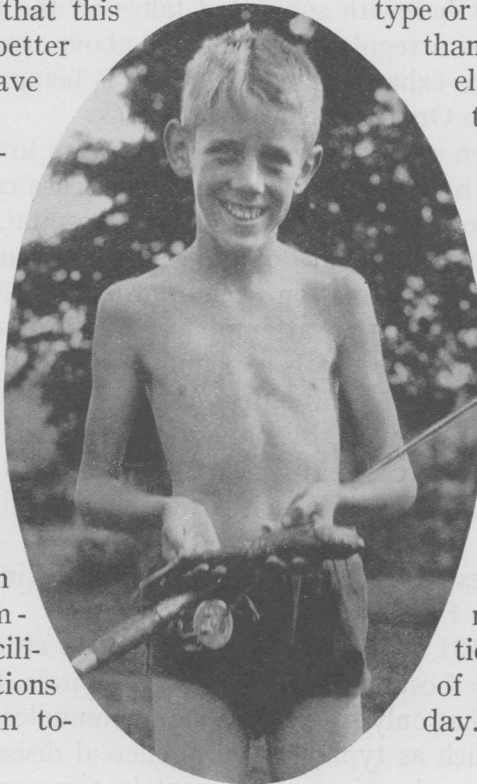
3. The child's health must be built up, which means that all physical defects must be corrected and the benefits of good food, sunshine and fresh air must be made available.

4. The psychology of the child must be adjusted so that he will not think of himself as being inferior to others with greater margin of resistance, and yet restrain over-ambitious impulses.

These indications for treatment can, under ordinary circumstances, be met without the aid of a definite institution, but there are, of course, numerous "problem families," as the social worker calls them, where it is impossible to meet the requirements enumerated above. These problem families are not limited to the poor or ignorant, but include many of intelligence and means which, for one reason or another, are unable to afford the child the protection which he needs.

It seems clear, therefore, that while no formula can be given for the solution of the problem, an understanding of the general principles should enable any community to work out its own solution and determine the type of preventorium care which best suits its needs. It is obvious, too, that the various attempts now being made to cope with the problem are in the nature of experiments. We shall probably not be able to say that this preventorium is better than any other until several years have elapsed.

Fortunately, a number of preventoriums are carefully following their pupils in order to learn what their subsequent experiences may be. In a few years, when more of such data have been collected, we may be able to determine more precisely what the ideal form of organized care may be, but until that time comes, the burden is upon us to study our individual community needs and to provide facilities which will meet the indications of treatment as we understand them to-



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*The fishing is good at the summer camp where this boy is training for health*